THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) CGHS, Delhi, is presently providing Homoeopathic medical care through three Homoeopathic dispensaries in Delhi.

Some proposals for opening more Homoeopathic Units under CGHS Delhi, have been included under the Ninth Five Year Plan which is still under consideration. Such proposals could not be considered earlier due to resource constraints.

स्मृति बढ़ाने वाली गोलियों की सच्चाई

3439. **श्री ओंकार सिंह लखावत**: क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे किः

(क) क्या सरकार को इस बात की जानकारी हैं कि आजकल बाजार में तथाकथित स्मृति-वर्धक गोलियां उपलब्ध हैं एंव एक संस्थान ने "मेमोरी प्लस" नाम से गोलियां विक्रय हेतु जारी की हैं;

(ख) ऐसी गोलियों के मामले में तथाकथित दावों की सच्चाई को सत्यापित करने हेतु सरकारी स्तर पर क्या परीक्षण किए गए हैं, तथा वे परीक्षण कहां तक सफल रहे हैं;

(ग) क्या वे गोलियां पार्श्व प्रभावों (साइड इफेक्ट्स) से मुक्त हैं; और

(घ) यदि इन्हें सरकारी/अधिकृत जांचों में उपयुक्त नहीं पाया गया है, तो सरकार भ्रमक प्रचार करके बेची जाने वाली ऐसी गोलियों की बिक्री पर रोक लगाने हेतु क्या उपाय कर रही है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री(श्री दलित एजिलमलाई): (क) जी, हां। केन्द्रीय औषध अनुसंधान संस्थान, लखनऊ ने स्मृति-वर्धकों "मेमोरी प्लस" गोली तैयार की है। यह गोली बाजार में उपलब्ध है। इस गोली का विपणन मैसर्स निवारण हर्बल प्राइवेट लिमिटेड द्वारा किया जा रहा है।

(ख) केन्द्री औषध अनुसंधान संसथान, लखनऊ ने पशुओं पर अध्ययन किए हैं और यह पाया है कि यह गोली अध्ययन और स्मृति में सहायता देती है। मेमोरी प्लस के बारे में किए गए अध्ययन में निम्नलिखित शामिल हैं।

I. बेकोसाइड अंश (सक्रिय अवयव पर आधारित ब्रहमी सत्व (व्यापारिक नामः मेमोरी प्लस) का मानकीकरण।

II. आधुनिक औषध विकास के लिए यथा-आयोजित निरापदता-अध्ययन (विनियामक भेषज-विज्ञान एवं विष-विज्ञान)

III. पशु-माडलों में अध्ययनशील स्मृति में सहायता देने में पाए गए ब्रहमी सत्व (मेमोरी प्लस) का मानकीकरण।

(ग) तमिलनाडु सरकार ने सूचित किया है कि अध्ययन के परिणामों से पता चलता है कि यह गोली बहुत ही कारगर है और इसके कोई दुष्प्रभाव नहीं हैं।

(घ) यह प्रश्न नहीं उठता।

Dismal Performance in Drug Research

3440. DR. D. MASTHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only four Allopathic drugs in the private sector and ten in the Government sector have been developed during the last seventy five years;

(b) if so, what are the reasons for this dismal performance in drug research; and

(c) what steps have been taken by Govenmcnt to check drug prices from skyrocketing when foreign patented drugs have to be brought in the future?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Research and Development efforts in India has fructified in 15 drugs being developed between 1921—1997. Outof these a majority have been developed by public sector institutions.

Indian performance in drug research is not dismal from any stand[}oint because of the following limitations involved in drug research, namely, (1) On an average, out of 10,000 compounds tested.

only one becomes a drug; (2) It takes 8—14 years for a compound to reach the market and generate income, and the return on investment is limited to the period of.patcnt term, which in India is only 7 years (7 years from the date of filling and 5 years from the time of grant, whichever is earlier); (3) estimated international cost for development of a drug from the conception of a research programme to compound launch is $ 350 million.

(c) The requisite information is being collected and will be laid on the Table of the House.

Financial Assistanccy Loans for Hospital . Projects

3441. SHRI RAHASBIHARI BARIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to slate:

(a) whether the Central Government provides financial assistancc^oan for hospital projects;

(b) if so, the details thereof during each of the last three years. State-wise;, and

(c) the terms and conditions on which such loans^assistance has been provided?

THE MINISTERspF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHfti DALIT EZHILMALAI): (a) Yes, Sir. The Unoin Governrnent provide fmancial assistance to Voluntary Organisations running hospitals in rural areas or catering to high density urban slums under the Scheme for "Improvement of Medical Services" and for setting up of new hospitals in rural areias under "Special Health Scheme for Rural Areas".

(b) A statement is enclosed. *{See* below)

(c) The financial assistance is provided on the following terms and conditions:—

(a) It must be registered under the Societies Registration Act of 1860 or any other statute.

(b) It should not be run for profit to any individual or group of individuals.

(3) It should be non-proprietary management.

(4) It must offer services to the general public without any distinction or religion, caste, creed or colour.

(5) It should have personnel, resources, experiences and managerial ability to carry out the purpose for which the grant of financial assistance has been asked for.

(6) Its work and financial position should be reported as satisfactory and payment of grant-in-aid should be recommended by the state Government.

(7) It should agree to reserve a minimum of one fifth of the beds as free beds as per the definition of free bed-free medical care given as a part of the application form.

(8) It should normally be engaged in the treatment of tuberculosis, leprosy, cancer, eye and other diseases.

(9) It must be of sound financial sta.uJing and agree to meet its share of no; f-recurring expenditure, wherever applicable.

(10) It should have furnished to the Government of India utilisation docucmnts in respect of the earlier grants after they have become due.